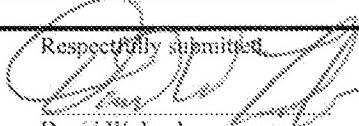


TRANSMITTAL FORM

| | | | | | | | | | | | | | | | | | |
|---------------------------|---|---------------------------|------------|-------------|----------------|----------------------|----------------------|----------------|------|---------------|-------------------|---------------------|---------------|------------|----------------|------------|----------------|
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Serial Number</td> <td style="width: 50%;">10/809,898</td> </tr> <tr> <td>Filing Date</td> <td>MARCH 26, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>BORIS MASLOV, ET AL.</td> </tr> <tr> <td>Group Art Unit</td> <td>2837</td> </tr> <tr> <td>Examiner Name</td> <td>COLON SANTANA, E.</td> </tr> <tr> <td>Attorney Docket No.</td> <td>76897-018CIP6</td> </tr> <tr> <td>Patent No.</td> <td>Not applicable</td> </tr> <tr> <td>Issue Date</td> <td>Not applicable</td> </tr> </table> | Application Serial Number | 10/809,898 | Filing Date | MARCH 26, 2004 | First Named Inventor | BORIS MASLOV, ET AL. | Group Art Unit | 2837 | Examiner Name | COLON SANTANA, E. | Attorney Docket No. | 76897-018CIP6 | Patent No. | Not applicable | Issue Date | Not applicable |
| Application Serial Number | 10/809,898 | | | | | | | | | | | | | | | | |
| Filing Date | MARCH 26, 2004 | | | | | | | | | | | | | | | | |
| First Named Inventor | BORIS MASLOV, ET AL. | | | | | | | | | | | | | | | | |
| Group Art Unit | 2837 | | | | | | | | | | | | | | | | |
| Examiner Name | COLON SANTANA, E. | | | | | | | | | | | | | | | | |
| Attorney Docket No. | 76897-018CIP6 | | | | | | | | | | | | | | | | |
| Patent No. | Not applicable | | | | | | | | | | | | | | | | |
| Issue Date | Not applicable | | | | | | | | | | | | | | | | |

ENCLOSURES (check all that apply)

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) |
| <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings (Total Sheets _____) | <input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
| <input checked="" type="checkbox"/> Petition for Extension of Time (1 month) | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Computer Generated English Translation of 2002-386120 A |
| <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations | <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Amendment After Allowance | |
| <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | | |

| | |
|---|---|
| CORRESPONDENCE ADDRESS Direct all correspondence to: PATENT ADMINISTRATOR Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400 Washington, D.C. 20004 Tel. No.: (202) 416-6890 Fax No.: (202) 416-6899 CUSTOMER NO: 61263 | SIGNATURE BLOCK  Respectfully submitted, David W. Laub Attorney for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400 Washington, D.C. 20004 |
|---|---|

**FEE TRANSMITTAL
FY 2006**

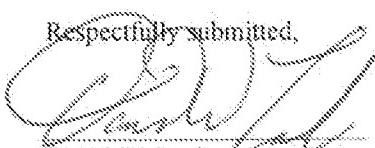
Complete if Known

| | |
|------------------------|----------------------|
| Application Serial No. | 10/809,898 |
| Filing Date | MARCH 26, 2004 |
| First Named Inventor | BORIS MASLOV, ET AL. |
| Group No. | 2837 |
| Examiner Name | COLON SANTANA, E. |
| Confirmation No. | 7953 |

METHOD OF PAYMENT

| | |
|---|---|
| <input checked="" type="checkbox"/> Payment Enclosed: | <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other |
| The Commissioner is hereby authorized to credit or charge my fee indicated below for this submission to Deposit Account No. 50-3840 | |
| <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). | |
| <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. | |
| <input checked="" type="checkbox"/> Overpayment Credit | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. | |

FEE CALCULATION (continued)

| | | 4. ADDITIONAL FEES | | | |
|---|--------------|-----------------------------------|---|--|-----------------------------------|
| | | Large Entity | Small Entity | | |
| | | Fee (\$) | Fee (\$) | Fee Description | Fee Paid |
| | | 130 | 65 | Surcharge - late filing fee or oath | |
| | | 50 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| | | 130 | 130 | Non-English specification | |
| | | 2,520 | 2,520 | Request for ex parte re-examination | |
| | | 120 | 60 | Extension for reply within 1 st mo. | |
| | | 450 | 225 | Extension for reply within 2 nd mo. | |
| | | 1,020 | 510 | Extension for reply within 3 rd mo. | |
| | | 1,590 | 795 | Extension for reply within 4 th mo. | |
| | | 2,160 | 1,080 | Extension for reply within 5 th mo. | |
| | | 500 | 250 | Notice of Appeal | |
| | | 500 | 250 | Filing a brief in support of an appeal | |
| | | 1,000 | 500 | Request for oral hearing | |
| | | 400 | 0 | Petitions to the Director | |
| | | 180 | 180 | Submission of IDS | |
| 2. EXCESS CLAIM FEES | | Fee | Small Entity Fee (\$) | | |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | 50 | 25 | | |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent. | | 200 | 100 | | |
| Total Claims | Extra Claims | Fee Paid (\$) | | 130 | 65 |
| + 20 or HP = <input type="text"/> x \$ <input type="text"/> = <input type="text"/> | | | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | Other fee (Specify) | Request for Continued Examination |
| Indep. Claims | | Fee Paid (\$) | | | 395.00 |
| + 3 or HP = <input type="text"/> x \$ <input type="text"/> = <input type="text"/> | | | | Other fee (Specify) | |
| HP = highest number of total claims paid for, if greater than 3 | | | | | |
| Multiple Dependent Claims | Fee(\$) | Small Entity fee (\$) | Fee Paid (\$) | | |
| | 360 | 180 | | | |
| 2. TOTAL: <input type="text"/> | | | | | |
| 3. APPLICATION SIZE FEE | | | | SIGNATURE BLOCK | |
| If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | |  Respectfully submitted, David W. Laub Attorney for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Ave., N.W., #400 Washington, D.C. 20004 | |
| Total Sheets | Extra Sheets | Additional 50 or fraction thereof | Fee (\$) | Date: October 30, 2006 | |
| -100= 0 | /50= | round up to a whole number | \$ <input type="text"/> = <input type="text"/> 0.00 | Reg. No.: 38,708 | |
| 3. TOTAL: <input type="text"/> | | | | Tel. No.: (202) 416-6800 | |
| CORRESPONDENCE ADDRESS | | | | Fax No.: (202) 416-6899 | |
| Direct all correspondence to: | | | | | |
| PATENT ADMINISTRATOR Proskauer Rose LLP 1001 Pennsylvania Avenue, N.W., Suite 400 Washington, D.C. 20004 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899 CUSTOMER NO: 61263 | | | | | |